SIXTH YEAR CERTIFICATION ELIGIBILITY

PSAP WIRELESS IMPLEMENTATION STATUS REPORT

Sixth year eligibility requires ONE form be submitted for each county or Wayne County 9-1-1 Service District. The form must be postmarked by *January 31, 2005.*

County/Service District		County 9-1-1 Coordinator		
Street	City	State	Zip Code	
Telephone		FAX	E-Mail	
Multiple PSAPs in Your County/Service District Yes No		If multiple PSAPs , please list primary PSAPs in your county/service district. Contact name and phone number are required for each. Please indicate which of the listed PSAPs are taking wireless 9-1-1 calls.		
Primary PSAP Contact		Telephone	Taking Wireless 9-1-1 (Calls No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
			☐ Yes ☐] No
Name of Single PSAP Serving County		County	Telephone	
PSAP Manager	Street	City	State	
Zip Code		Telephone	E-Mail	

Authority: 1986, PA 32 as amended

Compliance: Voluntary

Wireless Provider	Final Phase II Deployment Date	Actual Date	Projected Date
Signature of Person Completing Report	,	,	
For answers to questions, call (517 www.michigan.gov/MSP-ETSC.) 336-2666 or e-mail the ETSC office	. This form may be	e accessed at